PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/583,413			ing Date 20/2006	To be Mailed	
	Al	PPLICATION	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	300	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ts of pap 50 (\$125 tional 50	ewings exceed 100 cation size fee due tity) for each ction thereof. See 137 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))]			1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		1	TOTAL	300	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY									OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	11/10/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 11	Minus	~ 20	= 0]	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	···7	= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))								П			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	R PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**	=	1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	***	=]	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))]			OR			
									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is le											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 16 life (and by the USFTO to process) an application. Confidentiality is govered by 38 US. C. 122 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andror suggestions for reducing this burden, shoold be sent to the Child information Officer. U.S. Patenta and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1490, Alexandria, VA 2213-31450.